

PART B - FEE(S) TRANSMITTAL

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09/07/2007

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12/07/2007 HDEHES2 00000013 501778 10723316

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 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE Fee address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Shirley A. Bethach (Depositor's name)
 Shirley A. Bethach (Signature)
 December 7, 2007 (Date)

01 1501 1440.00 DA	02 APPLICATION NO. 00 DA	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/723,316	11/26/2003	Michele Spinelli	1023-443US02	9462	

TITLE OF INVENTION: METHOD, SYSTEM AND DEVICE FOR TREATING DISORDERS OF THE PELVIC FLOOR BY MEANS OF ELECTRICAL STIMULATION OF THE PUDENDAL AND ASSOCIATED NERVES, AND THE OPTIONAL DELIVERY OF DRUGS IN ASSOCIATION THEREWITH

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400.00	\$300	\$0	\$1700.00	12/07/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
MANUEL, GEORGE C	3762	607-039000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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 2
 3

ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Medtronic, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Minneapolis, Minnesota

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
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- ☐ A check is enclosed.
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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1228 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date December 7, 2007

Typed or printed name

Registration No. 54,813

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TO:	Mail Stop Issue Fee	FROM:	Jason D. Kelly
COMPANY:	U.S. Patent and Trademark Office	DATE:	DECEMBER 7, 2007
FAX NUMBER:	571-273-2885	TOTAL NO. OF PAGES INCLUDING COVER:	3
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